



SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

Product	DIN	Unit Price (\$)
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Full Formulary Listings Effective November 1, 2010:

Cosopt PF (dorzolamide HCl/timolol maleate) (MSD) 2%/0.5% ophthalmic solution	02258692	30.8300
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Kadian (morphine) (ABB) 10mg sustained release capsule	02242163	0.3911
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Exception Drug Status (EDS) Listings Effective November 1, 2010:

Prezista (darunavir) (JAN) 75mg tablet	02338432	1.8644
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Note: Criteria is included in the Revisions section below.

Exception Drug Status (EDS) Criteria Revisions Effective November 1, 2010:

Orencia (abatacept) 250mg powder for solution (BMY)

- (a) For the treatment of active rheumatoid arthritis in patients who have failed or are intolerant to methotrexate and leflunomide.

Note: This drug should NOT be used in combination with anti-TNF agents.

- (b) For the treatment of juvenile idiopathic arthritis in children who are intolerant to, or have not had an adequate response from etanercept. Initial treatment should be limited to a maximum of 16 weeks. Retreatment should only be permitted for children who had an adequate initial treatment response and subsequently experience a disease flare.

Prezista (darunavir) 75mg, 300mg, 400mg, 600mg tablet (JAN)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Product	DIN	Unit Price (\$)
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Full Formulary Listings Effective September 20, 2010:

CanesOral (fluconazole) (BCD)		
150mg capsule	02311690	15.9400
CanesOral Combi-Pak (fluconazole/clotrimazole) (BCD)		
150mg capsule/1% cream	02311739	18.2200

Interchangeable Full Formulary Listings Effective September 20, 2010:

pms-Carbamazepine Chewtabs (carbamazepine) (PMS)		
200mg chewable tablet	02231540	0.1520
Sandoz Carbamazepine Chewtabs (carbamazepine) (SDZ)		
200mg chewable tablet	02261863	0.1520
Taro-Carbamazepine Chewtabs (carbamazepine) (TAR)		
200mg chewable tablet	02244404	0.1520
Tegretol Chewtabs (carbamazepine) (NVR)		
200mg chewable tablet	02231540	0.3331

Interchangeable Full Formulary Listings Effective September 20, 2010 (that were previously listed under EDS):

Mylan-Carbamazepine CR (carbamazepine) (MYL)		
200mg CR tablet	02241882	0.1887
400mg CR tablet	02241883	0.3774
pms-Carbamazepine CR (carbamazepine) (PMS)		
200mg CR tablet	02231543	0.1887
400mg CR tablet	02231544	0.3774
Sandoz Carbamazepine CR (carbamazepine) (SDZ)		
200mg CR tablet	02261839	0.1887
400mg CR tablet	02261847	0.3774
Dom-Carbamazepine CR (carbamazepine) (DOM)		
200mg CR tablet	02238222	0.1981
400mg CR tablet	02238223	0.3963
Tegretol CR (carbamazepine) (NVR)		
200mg CR tablet	00773611	0.4135
400mg CR tablet	00755583	0.8269
250mg chewable tablet	02352737	0.6138

Erythropoiesis Stimulating Agents (ESAs):

Epoetin alfa (Eprex) is the primary erythropoiesis stimulating agent for Saskatchewan Health beneficiaries when treating anemia related to chronic renal failure. The EDS criteria for Eprex and Aranesp is as follows:

Eprex (epoetin alfa) 1,000 IU/0.5mL, 2,000IU/0.5mL, 3,000IU/0.3mL, 4,000IU/0.4mL, 5,000IU/0.5mL, 6,000IU/0.6mL, 8,000IU/0.8mL, 10,000IU/mL, 20,000IU/0.5mL pre-filled syringe (JAN)

For treatment of:

- (a) Anemia in chronic renal disease patients prior to initiation of dialysis.
Note: Coverage for dialysis patients is provided under the Saskatchewan Aids to Independent Living (S.A.I.L.) Program. Exception Drug Status coverage is not required for S.A.I.L. patients.
- (b) Anemia in AIDS patients.
- (c) Anemia in transplant patients.

Aranesp (darbepoetin alfa) 25ug/mL (0.4mL), 40ug/mL (0.5mL), 100ug/mL (0.3mL, 0.4mL, 0.5mL), 200ug/mL (0.3mL, 0.4mL, 0.5mL, 0.65mL), 500ug/mL (0.3mL, 0.4mL) pre-filled syringe (AMG)

For treatment of anemia in chronic renal disease patients prior to initiation of dialysis.
Note: Coverage for dialysis patients is provided under the S.A.I.L. Program. EDS coverage is not required for S.A.I.L. patients.



****EXPANSION****

**MEDICATION ASSESSMENT AND COMPLIANCE PACKAGING
POLICY AND PROCEDURE**

Effective October 1, 2010:

The fees for medication assessment and compliance packaging have been expanded to include a defined group of mental health clients. Eligible clients will be identified by Health Region Mental Health and Addictions outpatients programs and referred to pharmacies for medication assessment / compliance packaging. Clients residing in an approved group home or institution are NOT eligible.

Reminder:

The Medication Assessment Fee (MAF) remunerates pharmacies for assessing a patient's ability to administer their medications, appropriateness of the medication and dosing intervals, potential interactions, side effects, drug allergies, contraindications and includes communication with the physician and/or health care professional(s) to resolve discrepancies that exist, and potential or actual drug related problems identified. The expectation is that a medication assessment is completed prior to billing the compliance packaging fee.

The Compliance Packaging Fee (CPF) will remunerate pharmacies for services where devices or packaging systems are used to organize doses of one or more solid oral medications (tablets or capsules) according to the time of administration.

Attached is the 10-page Policy and Procedure for insertion into your DPEBB Pharmacy Reference Manual. The Health Region Director of Mental Health and Addictions (or designate) MUST refer the client to the pharmacy for compliance packaging by fax. This form will be used as the prior approval request that pharmacists will complete and then fax to the Drug Plan and Extended Benefits Branch. Both the Health Region Mental Health and Addictions programs and the Pharmacists' Association of Saskatchewan were given opportunity to review documents and provide input.

BILLING PROCEDURE

Please refer to pages 5 and 6 of the policy document for further details. Pharmacies should be able to bill the two fees through the Drug Plan using the Practice Management System. Please contact your pharmacy software vendor if you are unsure how to do this.

WEB PAGE

If you are unable to bill the fees electronically through your Practice Management System, you can use the secure Drug Plan **WEB** page by logging on to <https://www.drugplan.health.gov.sk.ca>.

All pharmacies should have updated WEB certificates on a dedicated computer. If you are not sure how to install the WEB certificate, please contact your pharmacy software vendor. To use the WEB page, refer to the DPEBB Pharmacy Reference Manual, Section VI.

QUESTIONS

For questions related to **BILLING PROCEDURE** you may contact the Drug Plan and Extended Benefits Branch at 1-800-667-7578 or in Regina at 306-787-3315.

For questions related to **POLICY and PROFESSIONAL PRACTICE**, please contact Myla Wollbaum at PAS at 306-359-7277.



FORMULARY LISTINGS TO HELP ADDRESS DRUG SHORTAGES

To address some of the recent and ongoing drug shortages, the following changes and additions to the Formulary will be implemented effective September 20, 2010.

- carbamazepine, chewable tablet, 200mg (Tegretol-NVR) (pms-Carbamazepine Chewtab-PMS) (Sandoz Carbamazepine Chew-SDZ) (Taro-Carbamazepine Chewable-TAR) will be added as a Full Formulary listing

pms-Carbamazepine Chewtabs	02231540	0.1520	I/C - ~Oct 25
Sandoz Carbamazepine Chewtabs	02261863	0.1520	I/C - ~Nov 18
Taro-Carbamazepine Chewtabs	02244404	0.1520	I/C - ~Sept 22
Tegretol Chewtabs	00665088	0.3331	I/C - ~ Sept 30

The Drug Plan has confirmed with manufacturers that some brands are available immediately while others will be available in the coming weeks.

- carbamazepine, controlled release tablet, 200mg, 400mg (Tegretol CR-NVR) (pms-Carbamazepine-CR-PMS) (Dom-Carbamazepine CR-DOM) (Mylan-Carbamazepine CR-MYL) will be moved from Exception Drug Status (EDS) to a Full Formulary listing

200mg Controlled Release Tablet:

pms-Carbamazepine CR	02231543	0.1887	I/C
Mylan-Carbamazepine CR	02241882	0.1887	I/C
Sandoz Carbamazepine CR	02261839	0.1887	I/C
Dom-Carbamazepine CR	02238222	0.1981	I/C
Tegretol CR	00773611	0.4135	I/C

400mg Controlled Release Tablet:

pms-Carbamazepine CR	02231544	0.3774	I/C
Mylan-Carbamazepine CR	02241883	0.3774	I/C
Sandoz Carbamazepine CR	02261847	0.3774	I/C
Dom-Carbamazepine CR	02238223	0.3963	I/C
Tegretol CR	00755583	0.8269	I/C

- fluconazole, capsule, 150mg (Canesoral-BCD) will be added as a Full Formulary listing

CanesOral	02311690	15.9400	I/C
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- fluconazole, capsule, 150mg/clotrimazole, cream, 1% (Canesoral Combi-Pak-BCD) will be added as a Full Formulary listing

CanesOral Combi Pak	02311739	18.2200	
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- folic acid, tablet, 1mg (Folic acid-WNP, PHM, VTH, WAM, JAM) will be added as a Full Formulary listing for a period of six (6) months from September 20, 2010 to March 31, 2011.

1mg tablet:

Folic acid	80000274	WNP	0.0263	I/C
Folic acid	02048841	PHM	0.0300	I/C
Folic acid	02245308	WNP	0.0309	I/C
Folic acid	02239882	PHM	0.0318	I/C
Folic acid	00647039	VTH	0.0335	I/C
Folic acid	02236747	WAM	0.0314	I/C
Folic acid	00318973	JAM	0.0398	I/C

NOTE: The listing of folic acid 1mg tablets is intended to replace folic acid 5mg tablets for those individuals requiring a therapeutic dose of folic acid. If supplies of folic acid 5mg tablets become available during this six-month period, pharmacies should resume dispensing the 5mg dosage form, and the 1mg tablet listing will be discontinued. If the shortage continues to exist at the end of the six-month period, 1mg tablets will continue to be listed.

NOTE: The Drug Identification Numbers (DINs) and Natural Product Numbers (NPNs) listed above have been benefits for Plan Three patients in the past. Effective September 20, 2010, these DINs and NPNs will be listed as Full Formulary benefits. Additional DINs and NPNs will not be added.

COMPOUNDS AND DRUG SHORTAGES

As a reminder, not all compounds are benefits under the Drug Plan and Extended Benefits (DPEB) program.

If a pharmaceutical product is not available and you wish to determine if a compound alternative is eligible to be billed as a benefit, please:

- 1) contact the Drug Plan at 1-800-667-7578 (or 787-3315)
- 2) provide the name, DIN of the pharmaceutical product that is not available and how the compound will be prepared

The Drug Plan will verify the product shortage, review the compound formulation and inform the pharmacy of the corresponding decision. Pharmacies that have been approved to submit a requested compound electronically for adjudication as a benefit may use the pseudoDIN 00990019.

FORMULARY BULLETIN AND STICKER UPDATE

The next formulary bulletin and sticker update is scheduled for November 1, 2010.



Formulary & Exception Drug Status (EDS) Updates

Effective *September 1, 2010*, the following products were listed as benefits in Saskatchewan:

*Atorvastatin

Atorvastatin	10mg tablet	02348624	0.5824	RPH	I/C
Atorvastatin	20mg tablet	02348632	0.7280	RPH	I/C
Atorvastatin	40mg tablet	02348640	0.7825	RPH	I/C
Atorvastatin	80mg tablet	02348659	0.7825	RPH	I/C

Lancet

One Touch Delica	lancet	97799501	0.0737	LSN	Non I/C
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Effective *October 1, 2010*, the following products will be listed as benefits in Saskatchewan:

*5-Aminosalicylic acid

5-Aminosalicylic acid	400mg tablet	02351463	0.3960	SAN	I/C
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*Alendronate sodium

Alendronate	70mg tablet	02352966	5.5750	SAN	I/C EDS
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*Amoxicillin

Amoxicillin Chew Tab	250mg chew tablet	02352737	0.6138	SAN	I/C
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*Azathioprine

Azathioprine	50mg tablet	02343002	0.5418	SAN	I/C
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*Cilazapril

Cilazapril	1mg tablet	02350963	0.3717	SAN	I/C
Cilazapril	2.5mg tablet	02350971	0.4284	SAN	I/C
Cilazapril	5mg tablet	02350998	0.4977	SAN	I/C

*Ciprofloxacin

Ciprofloxacin	250mg tablet	02353318	1.3992	SAN	I/C EDS
Ciprofloxacin	500mg tablet	02353326	1.5786	SAN	I/C EDS
Ciprofloxacin	750mg tablet	02353334	2.9774	SAN	I/C EDS

*Cyclobenzaprine HCl

Cyclobenzaprine	10mg tablet	02287064	0.3765	SAN	I/C EDS
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*Diclofenac sodium

Diclofenac Sodium SR	75mg SR tablet	02352400	0.5706	SAN	I/C
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*Etidronate Disodium/Calcium Carbonate

Etidrocal	400mg/1250mg tablet	02353210	29.9900	SAN	I/C
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*Fenofibrate					
Fenofibrate Micro	200mg capsule	02286092	1.0890	SAN	I/C
*Lamotrigine					
Lamotrigine	25mg tablet	02343010	0.2088	SAN	I/C
Lamotrigine	100mg tablet	02343029	0.8354	SAN	I/C
Lamotrigine	150mg tablet	02343037	1.2530	SAN	I/C
*Leflunomide					
Leflunomide	10mg tablet	02351668	6.0417	SAN	I/C EDS
Leflunomide	20mg tablet	02351676	6.0417	SAN	I/C EDS
*Levetiracetam					
Levetiracetam	250mg tablet	02353342	1.1175	SAN	I/C
Levetiracetam	500mg tablet	02353350	1.3650	SAN	I/C
Levetiracetam	750mg tablet	02353369	1.9425	SAN	I/C
*Lovastatin					
Lovastatin	40mg tablet	02353237	2.0117	SAN	I/C
*Meloxicam					
Meloxicam	7.5mg capsule	02353148	0.4914	SAN	I/C EDS
Meloxicam	15mg capsule	02353156	0.5670	SAN	I/C EDS
*Minocycline					
Minocycline	50mg capsule	02287226	0.5350	SAN	I/C EDS
Minocycline	100mg capsule	02287234	1.0332	SAN	I/C EDS
*Nabumetone					
Nabumetone	500mg tablet	02343282	0.5025	SAN	I/C EDS
*Olanzapine					
Sandoz Olanzapine	2.5mg tablet	02310341	0.8986	SDZ	I/C EDS
Sandoz Olanzapine	5mg tablet	02310368	1.7922	SDZ	I/C EDS
Sandoz Olanzapine	7.5mg tablet	02310376	2.6958	SDZ	I/C EDS
Sandoz Olanzapine	10mg tablet	02310384	3.5944	SDZ	I/C EDS
Sandoz Olanzapine	15mg tablet	02310392	5.3916	SDZ	I/C EDS
*Omeprazole					
Omeprazole	20mg capsule	02348691	1.1000	SAN	I/C EDS
*Paroxetine HCl					
Paroxetine	10mg tablet	02282844	1.0430	SAN	I/C
*Propafenone HCl					
Propafenone	150mg tablet	02343053	0.4275	SAN	I/C
Propafenone	300mg tablet	02343061	0.7537	SAN	I/C

***Quetiapine**

Quetiapine	25mg tablet	02353164	0.3458	SAN	I/C
Quetiapine	100mg tablet	02353172	0.9226	SAN	I/C
Quetiapine	200mg tablet	02353199	1.8527	SAN	I/C
Quetiapine	300mg tablet	02353202	2.7038	SAN	I/C

***Risedronate sodium**

Apo-Risedronate	35mg tablet	02353687	4.8575	APX	I/C EDS
pms-Risedronate	35mg tablet	02302209	4.8575	PMS	I/C EDS
ratio-Risedronate	35mg tablet	02319861	4.8575	RPH	I/C EDS
Sandoz Risedronate	35mg tablet	02327295	4.8575	SDZ	I/C EDS

***Ropinirole HCl**

Jamp-Ropinirole	0.25mg tablet	02352338	0.1419	JPC	I/C
Jamp-Ropinirole	1mg tablet	02352346	0.5676	JPC	I/C
Jamp-Ropinirole	2mg tablet	02352354	0.6244	JPC	I/C
Jamp-Ropinirole	5mg tablet	02352362	1.7192	JPC	I/C
Ropinirole	0.25mg tablet	02353040	0.1419	SAN	I/C
Ropinirole	1mg tablet	02353059	0.5676	SAN	I/C
Ropinirole	2mg tablet	02353067	0.6244	SAN	I/C
Ropinirole	5mg tablet	02353075	1.7192	SAN	I/C

***Sumatriptan**

Sumatriptan	25mg tablet	02286513	8.9900	SAN	I/C EDS
Sumatriptan	50mg tablet	02286521	9.0650	SAN	I/C EDS
Sumatriptan	100mg tablet	02286548	9.9867	SAN	I/C EDS

***Tamsulosin HCl**

Jamp-Tamsulosin	0.4mg SR capsule	02352419	0.6000	JPC	I/C (with generics) Not I/C with FlomaxCR
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***Tamsulosin HCl**

Sandoz Tamsulosin	0.4mg SR capsule	02295121	0.4500	SDZ	I/C with FlomaxCR
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***Valacyclovir**

CO Valacyclovir	500mg tablet	02331748	2.5443	COB	I/C
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***Venlafaxine HCl**

Venlafaxine XR	37.5mg XR capsule	02354713	0.5879	SAN	I/C
Venlafaxine XR	75mg XR capsule	02354721	1.1758	SAN	I/C
Venlafaxine XR	150mg XR capsule	02354748	1.2414	SAN	I/C

***Warfarin**

Warfarin	1mg tablet	02344025	0.1782	SAN	I/C
Warfarin	2mg tablet	02344033	0.1885	SAN	I/C
Warfarin	2.5mg tablet	02344041	0.1509	SAN	I/C
Warfarin	3mg tablet	02344068	0.2337	SAN	I/C
Warfarin	4mg tablet	02344076	0.2337	SAN	I/C
Warfarin	5mg tablet	02344084	0.1512	SAN	I/C
Warfarin	10mg tablet	02344114	0.2713	SAN	I/C

Effective *November 1, 2010*, the following products will be listed as benefits in Saskatchewan:

Darunavir

Prezista	75mg tablet	02338432	1.8644	JAN	EDS
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Dorzolamide HCl/Timolol maleate (Pkg)

Cosopt Preservative Free	2%/0.5 % oph sol	02258691	30.8300	MSD	
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Morphine

Kadian	10mg SR tablet	02242163	0.3911	ABB	
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Exception Drug Status (EDS) Criteria

To access the criteria for drugs listed under the EDS program, please refer to the Saskatchewan Formulary available in print or online at <http://formulary.drugplan.health.gov.sk.ca/>.

DRUG PLAN & EXTENDED BENEFITS HOLIDAY HOURS

Please note the office is closed on the following dates:

MONDAY, OCTOBER 11, 2010 and THURSDAY, NOVEMBER 11, 2010

